

FILE NO. 1-1.5.2

DATE: March 1, 2002

CODE APPLICATION NOTICE

CODE SECTION: Section 1.5.2, Article 1, Chapter 6, Part 1, Title 24, California Building Standards Administrative Code

1.5 Delay in Compliance

1. *After January 1, 2008, any general acute care hospital which continues acute care operation must be at a minimum of an SPC-2 facility as defined in Article 2, Table 2.5.3 or shall no longer provide acute care services.*
2. *The Office may grant the hospital owner a delay to Section 1.5.1 if compliance will result in diminished health care capacity which cannot be provided by other general acute care hospitals within a reasonable proximity.*

2.1 Hospital owners seeking a delay must submit a written request to the Office including a statement with supporting documentation regarding the reason for noncompliance with subdivision 1.5.1 and a schedule indicating when compliance will be obtained. A delay request and compliance schedule may be submitted simultaneous with the hospital's evaluation and compliance plan pursuant to the requirements of this article. If a delay request is submitted after the seismic evaluation report, compliance plan and schedule, the request must include an amended compliance schedule and must be submitted to the Office no later than January 1, 2007.

2.2 The time extension for compliance shall be granted in one year increments, up to a maximum of five (5) years, beyond the mandated year of compliance. The facility requesting the extension shall provide evidence of efforts to implement an approved compliance plan which may include design/construction contracts and schedules which demonstrate efforts to implement the compliance measures within the requested period of extension.

REASON:

The purpose of this Code Application Notice (CAN) is to provide an interpretation of Section 1.5.2 of Title 24, Part 1, Chapter 6, to provide hospital owners with a suggested procedure for requesting a compliance extension pursuant to the regulation. The Office has received numerous inquiries regarding the type of information that would support a request for an extension. This CAN suggests some of the types of information and documents that may be included when submitting a request for an extension based on a demonstration that diminished health care capacity will result if a hospital is required to comply with the January 1, 2008, SPC/NPC requirements. The request may include some or all of the items listed in this CAN. Each hospital must decide how best to provide the Office with sufficient information to grant an extension.

OSHDP's granting of an extension will be based on confirmation of the data submitted by the hospital and a finding that diminished capacity would result if the requested extension were not granted. Once the extension is granted, the Office will not revoke the approved extension request.

INTERPRETATION:

ADMINISTRATIVE PROCEDURE

A hospital owner may request an extension in complying with the January 1, 2008, SB 1953 (Chapter 740, Statute 1994) requirements for any hospital building, pursuant to Section 1.5.2 of Title 24, Part 1, Chapter 6, by submitting to the Office of Statewide Health Planning and Development (OSHDP) an extension request application accompanied by the types of information and documents suggested below. The hospital owner need only submit one application per general acute care hospital license, regardless of the number of noncompliant buildings for which the owner is seeking a delay.

In order to support a request for a compliance extension based on diminished health care capacity, the following written information would be helpful to the Office in considering an extension request:

1. Identification of the buildings for which you are requesting the time extension.
2. Section 1.5.2.2.2 allows an extension for compliance in one-year increments up to a maximum of five years. Indicate the duration of the time extension requested for each building. Also, indicate whether the extension request is for a total of one, two, three, four or five years. Requests for time extensions of partial years (i.e. 2.5 or 3.25 years etc.) will be returned for resubmittal.
3. Identification of the basic and/or supplemental acute care services that are currently being provided in the hospital building(s) for which this delay is requested and provision of the numbers of patients served by each acute care service.
4. Identification of the service(s) that would be completely or partially unavailable in the hospital's primary service area if the request for an extension is denied. For purposes of this CAN, the hospital primary service area means the geographic region of the population served by the hospital as identified by zip code(s). The hospital's primary service area is generally defined as those zip codes which include at least 75% of the residences of the hospital's patients. This hospital primary service area will define the limits of reasonable proximity. NOTE: If the hospital's primary service area is different than what is defined in this CAN, then the hospital shall include in the extension request the definition of its primary service area and an explanation of why the hospital's definition is more appropriate for purposes of the request.
5. Provision of data and a narrative description of the effect that complying with the January 1, 2008 requirements will have on the patient capacity of acute care services within the service area.

6. Identification of each payer category (i.e. Medi-Cal, Medicare, private coverage, or county indigent programs) by percentage of the population served within the hospital's service area and how they will be impacted if the time extension request is denied.
7. Identification of each type of insurance coverage (Health Maintenance Organization (HMO) managed care - Knox Keene/Medi-Cal County Organized Health Systems, other managed care - Preferred Provider Organization (PPO), Exclusive Provider Organization (EPO) and Exclusive Provider Organization with Point-of Service Option (POS), and fee-for-service) by percentage of the population served within the hospital's primary service area and how they will be impacted if the time extension request is denied.
8. Provision of a map of the hospital's service area that includes the following information:
 - Identification of the zip code(s) of the population served within that service area, and
 - Identification of any other general acute care hospital(s) within the service area.

Hospital owners are required, by Section 1.5.2.2.1, to submit an amended compliance plan that reflects the timeline of the requested compliance extension period. **Exception:** If the original compliance plan that was submitted with the hospital seismic evaluation already reflects this information, an amended compliance plan will not be necessary.

Authority: Section 104.2.1 of Title 24, Part 2, California Building Code

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| ORIGINAL SIGNED | 03/01/02 |
| Kurt A. Schaefer | Date |